County of San Bernardino Department of Behavioral Health

Compliance Plan Policy

Effective Date Approval Date 4/17/07 4/17/07

Allan Rawland, Director

Policy

It is the policy of the Department of Behavioral Health (DBH) that a Compliance Plan be implemented to demonstrate a high standard of commitment to providing quality services to our clients and their family by adhering to governmental laws, rules, and regulations.

Purpose

The objective of the Compliance Plan is to organize a Compliance Program that meets or exceeds standards by educating staff on relevant laws, improving communication, reducing fear of retaliation, and preventing fraud, waste, and abuse.

Elements of Compliance Program DBH's Compliance Program consists of essential elements required for effective compliance, recommended by the Office of Inspector General, which include:

Element	Description
Policies and procedures	Written Code of Conduct created to empower staff to make compliant and ethical decisions. Code of Conduct includes an acknowledgment form and all employees are required to read and sign Standard Practice Manual_(SPM) and Outpatient Chart Manual (OPM) contain policies and procedures that provide a structured point of reference for compliance
Designation of a Chief Compliance Officer and Compliance Committee	 Provide organizational support and compliance expertise Create an awareness of Compliance Program guidelines Assists in identifying potential risks Contribute to the Compliance Program in a regulatory manner

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Education and training programs for current employees	Educates employees on goals and expectations Familiarizes employees with relevant laws and regulations Trains employees on compliance violation prevention
Open communication (i.e. Compliance Hotline)	 Provides an alternative way of communication to identify noncompliance May provide justification for investigation of potential violations
Enforcement of compliance standards	Assisted by well-publicized disciplinary guidelines Executed by corrective and disciplinary actions
Audit and monitoring procedures	Measurements of compliance and effectiveness that may include: Site visits to hospitals or clinics Review of SPM to identify variations from established standards Evaluating staff competency Surveys of employees and contract staff Checking personnel records when probable cause is present Review of written materials and documentation Trend analysis that identify positive or negative deviations
Investigation and remediation of compliance violations	Respond to detected offenses and develop corrective action initiatives Report offenses to the appropriate government authority

Compliance Violations

Violations of any compliance standards, policies, and/or procedures warrant termination of contract with outside agencies, the initiation and performance of an investigation and disciplinary action of employees, which may include corrective measures and actions as mandated by law.

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Contacts

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